

<b>Case Number:</b>	CM13-0037285		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/03/2006
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant had no one specific date of injury but rather sustained cumulative trauma to her neck, back, shoulders, elbows and wrist/hands between April 3, 2006 and July 1, 2008 due to the nature of her job duties. In April or May 2008, she began to notice her complaints and began self treating with over-the-counter medication for the pain, which was primarily in her back and in her neck. Because her pains seemed to be getting worse, she reported the injuries to her supervisor, who accompanied her to the company doctor in July 2008. The claimant stated that the pain seemed to begin beneath her breasts (either one of the other and occasionally both). The pain then radiated up to her chest and then into her neck, then turned around and came down into her shoulders, elbows, wrists/hands and fingers of both upper extremities. It would also involve both sides of her spine and back. She described it as a "paralyzing pain." It would typically last from 15 to 20 minutes but leaves her "sore for days." Her doctor's told her that she had what they described as Tietze's syndrome, which she had a few years prior to her employment. Both she and her doctors felt this condition was aggravated or worsened by her work (clerical type work).

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Bupirone HCL 15 mg #30 on 7-9-13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus

**Decision rationale:** CA-MTUS(Effective July 18, 2009) is mute on this topic. According to Medline Plus, Buspirone is used to treat anxiety disorders or in the short-term treatment of symptoms of anxiety. Buspirone comes as a tablet to take by mouth. It usually is taken two or three times a day. Continue to take buspirone even if you feel well. Do not stop taking buspirone without talking to your doctor, especially if you have taken large doses for a long time. Your doctor probably will decrease your dose gradually. This drug must be taken regularly for a few weeks before its full effect is felt. [REDACTED], Psychiatric Request for Information Response- April 18, 2013. She continues to experience anxiety related to returning to work. She feels there is an issue of harassment by her supervisor telling her they had to watch her from now on. She is worrying and anxious about her shoulder recovery and her future ability to perform her duties and her marketability. She has difficulty sleeping.. - However, the agreed medical examiner [REDACTED], in his supplemental report dated 7/31/2013 stated: This examiner respectfully disagrees with the opinions rendered by [REDACTED]. [REDACTED] does not have an accurate, detailed history of the patient's longstanding preindustrial difficulties. He does not seem to be aware of the patient's panic attacks, her long and many years of agoraphobia. She does not suffer from major depressive illness. Presently the claimant is reporting feeling wonderful, capable, and fully able to do her job. Therefore the request for Buspirone HCL 15 mg #30 on 7-9-13 was not medically necessary."

**Lunesta 3 mg #30 on 7-19-2013:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus, a resource from National Library of Medicine and National Institute of Health

**Decision rationale:** "CA-MTUS(Effective July 18, 2009) is mute on this topic. According to Medline Plus, Eszopiclone (Lunesta) is used to treat insomnia (difficulty falling asleep or staying asleep). Eszopiclone is in a class of medications called hypnotics. It works by slowing activity in the brain to allow sleep Eszopiclone comes as a tablet to take by mouth. It is usually taken once a day at bedtime or after unsuccessfully trying to fall asleep. Do not take eszopiclone with or shortly after a heavy, high-fat meal. Eszopiclone may not work well if it is taken with high fat foods. Follow the directions on your prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand. Take eszopiclone exactly as directed. Do not take more or less of it or take it more often than prescribed by your doctor. You will probably become very sleepy soon after you take eszopiclone and will remain sleepy for some time after you take the medication. You should only take eszopiclone immediately before you go to bed or after you have gone to bed and have been unable to fall asleep. Only take eszopiclone if you will

be able to stay in bed for at least 8 hours after taking the medication. If you do not go to bed right after you take eszopiclone or if you get up too soon after taking eszopiclone, you may experience dizziness, lightheadedness, hallucinations (seeing things or hearing voices that do not exist), and problems with coordination and memory. You should be sleeping well within 7 to 10 days after you start taking eszopiclone. If you suddenly stop taking eszopiclone you may experience withdrawal symptoms such as anxiety, unusual dreams, stomach and muscle cramps, nausea, vomiting, sweating, shakiness, and rarely, seizures. After you stop taking eszopiclone, you may have more difficulty falling asleep and staying asleep than you did before you took the medication. These sleep problems are normal and usually get better without treatment after one or two nights. In the medical report of [REDACTED], Psychiatric Request for Information Response- April 18, 2013. She continues to experience anxiety related to returning to work. She feels there is an issue of harassment by her supervisor telling her they had to watch her from now on. She is worrying and anxious about her shoulder recovery and her future ability to perform her duties and her marketability. She has difficulty sleeping, hence Lunesta was prescribed. Therefore the prescription of Lunesta 3 mg #30 on 7-19-2013 was medically necessary."

**Cymbalta 60 mg #30 on 7-9-2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SNRI-Duloxetine Page(s): 15-16.

**Decision rationale:** The Physician Reviewer's decision rationale: "CA-MTUS (Effective July 18, 2009) page 15 to 16 of 127, indicated that Duloxetine (Cymbalta®) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs. 2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%). Duloxetine can worsen diabetic control in some patients. It also causes sexual dysfunction. (Maizels, 2005) Dosing: 60 mg once a day as an off-label option for chronic pain syndromes. Dosage adjustment may be required in patients with renal insufficiency. Venlafaxine (Effexor®): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. Side-effect profile: CNS: (> 5%) drowsiness, weakness, dizziness, dry mouth, insomnia, nervousness/anxiety (13/6% vs. 6/3%), tremor, headache, seizures. GI: N&V, constipation, weight loss (2-18%). Pre-existing hypertension should be controlled. Cholesterol may be increased (5%). Sexual dysfunction has also been noted. (Maizels, 2005) (ICSI, 2007) Dosing: Neuropathic pain (off-label indication): 37.5 mg once daily, increase by 37.5 mg per week up to 300 mg daily. (Maizels, 2005) (ICSI, 2007) Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation.

According to the medical record of [REDACTED], the claimant was prescribed Cymbalta 30 mg daily for anxiety and depression, however, the agreed medical examiner [REDACTED], in his supplemental report dated 7/31/2013 stated: This examiner respectfully disagrees with the opinions rendered by [REDACTED]. [REDACTED] does not have an accurate, detailed history of the patient's longstanding preindustrial difficulties. He does not seem to be aware of the patient's panic attacks, her long and many years of agoraphobia. She does not suffer from major depressive illness. Presently the claimant is reporting feeling wonderful, capable, and fully able to do her job. Therefore the request for Cymbalta 60 mg #30 on 7-9-2013 is not medically necessary."